### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conthe appropriate federal notice will not result in a loss of an available state exemption unless such ex on the filing of a federal notice.



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response.. 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D

FORM D

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Prefix	SEC USE ONL' Serial	-
DATE RECE	IVED	

Name of Offering ([ ] check i	this is an ame	ndment and name	e has changed	, and indicate	change.)	·	er eggiggerenne filt for eg eggereide	
Filing Under (Check box(es)	that apply):	[ ] Rule 504	[ ] Rule 5	05 [ <b>X</b> ]R	tule 506	[ ] Section	on 4(6)	[ ]ULOE
Type of Filing: [X] New Filin	g [ ] Ame	endment					PRC	CESSE
		A. BASIC I	DENTIFICATI	ON DATA			_FEB	27 2004
1. Enter the information requ	ested about the	issuer						OMSON
Name of Issuer ([ ] check if TRISTORE INVES		dment and name	has changed,	and indicate	change.)	W 10 10 10 10 10 10 10 10 10 10 10 10 10	FI	NANCIAL
Address of Executive Offices 550 PETERS CRE					ber (Inclu	ding Area C (336) 72		
Address of Principal Busines (if different from Executive Of N/A		lumber and Stree	t, City, State, Z	ip Code) Tel	ephone N	umber (Incl	uding Are	ea Code)
Brief Description of Business RENTAL OF INDIV		STORAGE UNITS	TO THE GEN	NERAL PUBI	∟IC.			normaline (a president de la p
Type of Business Organization	n		A Company of the Comp		***************************************			g y althous hand
[ ] corporation	[]	limited partnersh	ip, already for	ned		ner (please		
[ ] business trust	[ ]	limited partnersh	ed partnership, to be formed				ITY COMPANY	
······································	Andrew Control of the	And the state of t	Month	Year			***************************************	
Actual or Estimated Date of li Jurisdiction of Incorporation of	r Organization:				ation for S	X ] Actual State: NC ]	[]E	Estimated
GENERAL INSTRUCTIONS		0.77	And the second s		***************************************	Programme Company		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the

date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA		The second of th	<u>a kalendarian mana kalendarian menganan menendarian dan menendarian dan menendarian dan menendarian dan menend</u>
2. Enter the information requested for the following:  Each promoter of the issuer, if the issuer has been organized within the past five Each beneficial owner having the power to vote or dispose, or direct the vote or equity securities of the issuer;  Each executive officer and director of corporate issuers and of corporate general issuers; and  Each general and managing partner of partnership issuers.	dispositi		
Check Box(es) that Apply: [X] Promoter [] Beneficial Owner [] Manager	[ ]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)  GOBLE, RICHARD E.	and the second second second	en e	
Business or Residence Address (Number and Street, City, State, Zip Code) 1858 RINGLING BOULEVARD, SARASOTA, FL 34236	······	***************************************	erskenningsverther (f. 1867), <sub>er er er</sub> nin verskernin in synche judgi oce (er verske <sub>nne</sub> se 2000) stil
Check Box(es) that Apply: [X] Promoter [] Beneficial Owner [] Manager	[ ]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) PATTERSON, JOHN			
Business or Residence Address (Number and Street, City, State, Zip Code) 46 NORTH WASHINGTON BOULEVARD, SARASOTA, FL 34236	Parent of the Control		
Check Box(es) that Apply: [X] Promoter [] Beneficial Owner [] Manager	[]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)  GREER, DONALD F.	and and	The second secon	
Business or Residence Address (Number and Street, City, State, Zip Code) 63 ST. CLAIR AVENUE WEST, SUITE 1902, TORONTO, ONTARIO, CANADA	A, M4V 2	Y9	nanaki mwaniki makaki wa manani mwana ka manani mwana ka ka ka ka manani mwana ka k
Check Box(es) that Apply: [X] Promoter [] Beneficial Owner [] Manager	[ ]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual) BENNETT, RICHARD B.	and the second	ne Maria (a 100 Alfa -	
Business or Residence Address (Number and Street, City, State, Zip Code) 2106 BISPHAM ROAD, SUITE B, SARASOTA, FL 34231			
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Manager	[ ]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)			The state of the s
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Manager	[ ]	Director	[ ] General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Sec. 1999	10 T		National Control of the Control of the		B. INFORM	ATION A	BOUT OF	ERING		Aman annual		2 111100
1. Has	the issuer	sold, or do	es the issu		to sell, to n				•		Yes [ ]	No [X]
2. Wha	it is the mir	nimum inve	estment tha	it will be a	ccepted fro	m any indi	ividual?				\$_25,000	0.00
3. Does the offering permit joint ownership of a single unit?									Yes [X]	No [ ]		
any co offering and/or	mmission o g. If a pers with a stat	or similar ro on to be li e or states	uested for emuneration sted is and s, list the notes a	on for solic associated ame of the	itation of p d person o e broker o	urchasers r agent of r dealer. If	in connect a broker o more than	tion with sa ir dealer re i five (5) po	les of sec gistered w ersons to l	urities in t vith the SE pe listed a	he EC	
Full Na	me (Last r	ame first,	if individua	1)	to propose the charge position of the charge	N/A	on a regular order to see the second		and the second second second second			
Busine	ss or Resid	dence Add	ress (Numl	per and St	reet, City,	State, Zip (	Code)	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	217.78 (6/8 92 92 92 92 12 12	**************************************		
Name	of Associat	ed Broker	or Dealer		i Talahibban eradiki il	The second state of the se		of a second of the second of t				The second secon
			ed Has Sol individual			olicit Purcl	nasers			al and a second	[ ] All Sta	ites
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last n	ame first,	if individua	)						***************************************		
Busine	ss or Resid	lence Add	ress (Numi	per and St	reet, City,	State, Zip (	Code)		And the second s			· ·
Name	of Associat	ed Broker	or Dealer				· · · · · · · · · · · · · · · · · · ·					<del></del>
			ed Has Sol individual			olicit Purch	nasers	randa da d	<u> </u>	<del>Palaganata on To Tuggy II Mi Pagana</del>	[ ] All Sta	ıtes
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last n	ame first,	if individua	)	1001				de data per approved al marine	and the second second		- my dept 1 mg/s
Busine	ss or Resid	dence Add	ress (Numi	per and St	reet, City, S	State, Zip (	Code)			er material de l'ambient	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Name	of Associat	ed Broker	or Dealer	and the second of the second o	eropiani Paride i Santonio	Transfer of an art at a 1.7 days	101111211		The second of the contract	- 100 L - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
			ed Has Sol individual			olicit Purch	nasers			***************************************	[ ] All Sta	ates
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... 0 0 Equity ..... [ ] Common [ ] Preferred Convertible Securities (including warrants) ...... Partnership Interests ..... 0 0 Other (Specify MEMBERSHIP INTERESTS\_). \$<u>2,400,000.00</u> \$<u>2,400,000.00</u> \$ 2,400,000.00 Total ..... \$ 2,400,000.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount **Number Investors** of Purchases \$ 2,400,000.00 Accredited Investors Non-accredited Investors ..... \$ Total (for filings under Rule 504 only) ..... \$.\_ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Security Type of offering Sold Rule 505 ..... Regulation A 0 Rule 504 0 Total ..... 0 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees []\$\_0 []\$\_\_0 Printing and Engraving Costs ..... Legal Fees ..... [X] \$ 72,000.00 [ ] \$\_\_\_0 Accounting Fees ..... []\$\_\_\_0 Engineering Fees ..... Sales Commissions (specify finders' fees separately) ...... []\$\_0

[]\$\_\_\_0

[X] \$ 72,000.00

Other Expenses (identify)

Total .....

C. OFFERING PRICE, NUMBER OF INV	ESTORS, EXPENSES AND US	E OF PROCEEDS	3
b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part is the "adjusted gross proceeds to the issuer."			\$ <u>2,328,000.00</u>
5. Indicate below the amount of the adjusted gross proceeds to be used for each of the purposes shown. If the amount for any an estimate and check the box to the left of the estimate. The equal the adjusted gross proceeds to the issuer set forth in residuous.	purpose is not known, furnish total of the payments listed must		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		[]\$ <u>0</u>	
Purchase of real estate			[X] \$ <u>1,925,000.00</u>
Purchase, rental or leasing and installation of machinery and equipment		[]\$_0	
Construction or leasing of plant buildings and facilities			[X] \$ 343,750.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			[]\$_0
Repayment of indebtedness		[]\$0	[]\$0
Working capital		[]\$_0	[]\$_0
Other (specify):		[]\$_0	[]\$0
		[]\$_0	[]\$
Column Totals		[X] \$ 59,250.00	[X] \$ <u>2,268,750.00</u>
Total Payments Listed (column totals added)		[X] \$ 2,328,000.0	00
D. FEDS	ERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the und he following signature constitutes an undertaking by the issu written request of its staff, the information furnished by the is Rule 502.	er to furnish to the U.S. Securiti	es and Exchange	Commission, upon
ssuer (Print or Type)	Şignature	Da	te
TRISTORE INVESTMENTS, LLC	1 / ER		02-18-04
Name of Signer (Print or Type)	Fitle of Signer (Print or Type)		indicate the court of the comment of the continue to the conti
ENSI DEVELOPMENT CORP., MANAGER By: JAMES R. BENNETT, VICE PRESIDENT	MANAGER		

ATTENTION			
<del>and de la company de la com</del>	محمد المراجعة والمستونة المستونية والمراجعة والمراجعة	ويستوسي ويوارين تنتجيب والمتاريخ	-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes [ ]	No [X]

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) TRISTORE INVESTMENTS, LLC	Signature Date 02-18-04
Name of Signer (Print or Type)	Title (Print or Type)
ENSI DEVELOPMENT CORP., MANAGER By: JAMES R. BENNETT, VICE PRESIDENT	MANAGER

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	2		3	4				5 Disqualification under State			
	Intend to non-ad investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		х									
AK		х									
AZ		х			<u></u>		<u></u>				
AR		x	municanak i initi i huningari a shirine ngi ann samurayai mainana.				<u> </u>				
CA		х	anno an ann an i maraona ann amh ann ann ann ann ann ann ann ann ann an								
со		х			<u></u>						
СТ		х									
DE		х									
DC		×			<u> </u>		<u></u>				
FL		х					<u> </u>				
GA		х					<u> </u>				
н		х									
ΙD		х									
IL		х									
IN		х									
IA		х									
KS		х									
KY		х									
ΙA		х									
ME		x									
MD		х									
МА		X									
МІ		X					o de la final de la companya de la c				
MN		х									
мѕ		х									
МО		х									

Service description of the City of the	and the same of th				 		
MT		x					
NE		х					
NV		х					
NH		Х					
NJ		х					
NM		х					
NY		х					
NC		х					
ND		χ				i	
он		х					
ОК		х					
OR		х					
PA		х					
RI		х					
sc		х					
SD		х					
TN		х					
TX		х					
UT		х					
VT		х					
VA		х					
WA		х					
wv		х					
WI		х					
WY		х			on and the second s		
PR		х	-				